982.5(13)

ATTORNEY (Name, state bar number, and address):	FOR COURT USE ONLY
TELEPHONE NO.	
TELEPHONE NO.: FAX NO.:	
ATTORNEY FOR STATE TAX AGENCY	
NAME OF COURT:	
STREET ADDRESS:	
MAILING ADDRESS: CITY AND ZIP CODE:	
BRANCH NAME:	
APPLICATION OF (Name):	
ALLEGATION OF (Name).	
TAXPAYER/RESPONDENT	
	CASE NUMBER:
NOTICE OF HEARING—EARNINGS WITHHOLDING ORDER FOR TAXES	
NAME OF STATE TAX AGENCY:	TAX AGENCY NUMBER:
4 NOTICE TO	
1. NOTICE TO	ma and addragali
a. Attorney for State Tax Agency (name and address): b. Taxpayer (nar	ne anu address):
	I
2. A hearing on the Application for Earnings Withholding Order for Taxes will be held as follows:	
a. Date: Time: L Dept.: L	Div.: Room:
b. Address of court: same as noted above other (specify):	
5. Addition of Court curio do noted above curio (appearsy).	
CLERK'S CERTIFICATE OF MAILING	
I certify that I am not a party to this cause and that a true copy of the foregoing Notice of Hea	aring was mailed, postage fully prepaid, in a
sealed envelope addressed as shown in item 1 above, and this certificate was executed	
on (date):	
at (place): , California.	
Clerk, by	, Deputy